

ATTACHMENT 8
PROGRAM: RENTAL REHABILITATION WITH OR WITHOUT ACQUISITION

Name of Applicant: _____

SECTION I. PRIOR EXPERIENCE WITH RENTAL REHABILITATION PROGRAM

Prior experience of applicant, city/county administering a CHDO's program **or** administrative subcontractor in implementing all administrative components of a rental rehabilitation program within the last 5 years. Fill in the table with any funding source for these activities and indicate the number of units **completed** for the years indicated.

Indicate the name of the entity for which the table below includes information (List only one entity):

Applicant: _____

City/County administering CHDO's program: _____

Administrative subcontractor: _____

Year Program Administered and Units Completed					
Funding Source (Name of Program)	Number of Completed Units				
	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>

SECTION II. DEMONSTRATED COMMUNITY NEED AND DEMONSTRATED MARKET (Housing element must be in substantive compliance in order to receive points)

A.

	Page Number(s)
Rental rehabilitation is identified as a need in housing element of jurisdiction where program is located	

Submit a copy of page(s) as Attachment 8.A.

B. Submit a copy of housing element pages as Attachment 8.B. As described in applicant's housing element:

	Number of Units	Housing Element Page Number
Number of units needing replacement		
Number of units needing rehabilitation		

SECTION III. EXTENT TO WHICH PROGRAM IS READY TO BE IMPLEMENTED

- A. Attach Rental Rehabilitation program guidelines and/or operating procedures as Attachment 8.C. Indicate below where the following items are found, highlight those provisions in the guidelines or procedures, and write the number of the item addressed in the margin. NOTE: The Department will not be responsible for locating items which are not properly highlighted.

Provision in Guidelines		Page Number(s)
1.	Description of how number of HOME-assisted units in each project will be determined as well as which will have high and low HOME rents	
2.	High and low HOME rents by bedroom size	
3.	Tenant income eligibility levels by household size a. 90% of units at 60% of area median income or below initial occupancy; and b. If more than 5 units, 20% of units at 50% of area median or below for period of affordability	
4.	Maximum amount of HOME assistance per unit	
5.	Required term(s) of affordability	
6.	Description of method of determining cost reasonableness	
7.	Description of method of determining amount of HOME assistance provided to a project including standards for developer fees and owner's return on investment	
8.	Description of city's or county's affirmative marketing requirements (N/A for CHDOs since they must follow the State's requirements)	
9.	Description of how relocation will be handled	
10.	Either a statement that properties constructed prior to 1978 will not be eligible for assistance or lead-based paint requirements for properties constructed prior to 1978. These requirements include: a. Requirement that lead-based paint notification be given to tenants; b. Requirement that properties be inspected for defective paint surfaces; and c. If defective paint surfaces are found, requirement that they will be properly abated.	
11.	Description of type of HOME assistance to be provided (i.e., types of loans, interest rate, term, etc.) If grants, special justification is provided	
12.	Description of how properties will be selected	
13.	Description of how you will screen property owners for capability to acquire and manage a HOME project	
14.	Description of how tenant households will be selected	

Provision in Guidelines		Page Number(s)
15.	Description of initial, interim and final inspection procedures and persons responsible for performing them	
16.	Description of process for developing work write-ups and written cost estimates and persons responsible for performing and/or reviewing them	
17.	Contractor selection process including bidding, contractor selection, determination of contractor eligibility (federal and State), and contract award	
18.	Process for determining initial and ensuring long-term compliance with income, rent, and local code requirements	

- B. Attach written rehabilitation standards as Attachment 8.D. Indicate below where the following items are found, highlight those provisions in the standards and write the number of the item addressed in the margin. NOTE: The Department will not be responsible for locating items which are not properly highlighted.

Provision in Guidelines		Page Number(s)
1.	Work items which are eligible and ineligible for assistance under the applicant's HOME program	
2.	Whether or not general property improvements (gpi) will be allowed and, if so, what types and how much of the rehabilitation costs can be for gpi	
3.	List the local codes or other property standards which must be met at completion of the rehabilitation	

- C. Identify required match of 25 percent

1. Provide the calculation of required match:

HOME project cost: \$ _____ x .25 = \$ _____

2. Source(s) of match	Value
TOTAL MATCH	

SECTION IV. LEVERAGE Only **project** (not administration) funds should be included. In order to be counted, documentation must be provided as Attachment 8.E. Documentation requirements are as follows:

Source of Leverage	Documentation of Leverage
Public funds	Commitment letter or resolution from the funding source stating the amount and allowable use of funds.
Private funds	Letter of interest from private funding source stating the amount and proposed use of the funds.

Source of Leverage	Amount	Documentation Attached (Yes/No)
TOTAL LEVERAGE		